

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHOD AND SYSTEM FOR WAVEFRONT
COMPENSATION

Attorney Docket Number:: 040092-019310US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kenneth
Middle Name:: W.
Family Name:: Billman
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address::
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

| Representative Designation:: | Representative Number:: | Representative Name:: |
|------------------------------|-------------------------|-----------------------|
| Primary | 37,692 | Richard T. Ogawa |
| Associate | 40,647 | Chad S. Hilyard |
| Associate | 51,995 | Daniel Mao |

Domestic Priority Information

| | | | |
|---------------------|--|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application is | An application claiming the benefit under 35 USC 119(e) of | 60/396,736 | 07/19/02 |

Foreign Priority Information

| | | |
|-----------|----------------------|---------------|
| Country:: | Application number:: | Filing Date:: |
|-----------|----------------------|---------------|

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::